Department of Labor and Industries Elevator Section PO Box 44480 Olympia, WA 98504-4480 www.Lni.wa.gov/TradesLicensing/Elevators



ELEVATOR REFUND REQUEST

\$30.00 processing fee charged for each transaction.

Refund will be sent to the original payee (Individual/Company who signed the check).

Approved refund will be mailed in 2-3 weeks

					Amount of refund
	payable to: Please	type or pri	nt		
Name				\$	
Address					
City	State	ZIP+4			
	23443				
	l .				
	Elevator Pe	ermit Numl	ber or Conveyance Nu	ımber	
Name of company requesting refund			Phone Number		FAX Number
Traine of company	requesting retund		Thone rumber		1717 Ivamoei
Reason for refund					
Date of request	Signature				
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